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APPLN. TYPE

7590

02/18/2004

STOEL RIVES LLP 900 SW FIFTH AVENUE **SUITE 2600** PORTLAND, OR 97204



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	/ Connie English \				(Depositor's name)
J	Du	7/		لى	(Signature)
_	April 30,	2004			(Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,153	02/06/2002	Geoffrey B. Rhoads	PC49562-4	7495

TITLE OF INVENTION: HIGH RESOLUTION IMAGING INSTRUMENT USING NON-UNIFORMLY ARRAYED SENSORS

ISSUE FEE

:004	05/18/200	\$965	\$300	565	\$665	YES	nonprovisional
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LiΡ	Stoel Rives LL	orneys or 1	inting on the patent front page, I f up to 3 registered patent att	names o	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		
	agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or 2			firm (hav	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
	· · · · · · · · · · · · · · · · · · ·		agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**PUBLICATION FEE** 

## Pinecone Imaging Corporation

## Portland, Oregon

Please check the appropriate assignee category or	categories (will not be printed on the patent);	u individual	d corporation or other private group entity	☐ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
Assue Fee	A check in the amou	nt of the fee(s)	is enclosed.	
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XAdvance Order - # of Copies10	The Director is here Deposit Account Numb	by authorized er 19–4	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Authorized Signature) 30,991 (Date)  4/30/2004  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.	05/04/2004 WARRHAM2 00000076 10068153
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.	01 FC:2501 665.00 DP 02 FC:1504 300.00 DP 03 FC:8001 30.00 DP
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